# STATE OF NEW HAMPSHIRE

# 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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APR 17 2017

I. Name of Lobbyist(s) <u>Geo</u>	ffrey A. Gallo		NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partners	hip, firm or corporation, if a	any:	
AstraZeneca Pharmaceu	ticals, LP		
(Name of partne	rship, firm or corporation)		
3 Merles Lane	Stratham	NH	03885
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 772-1559	( )	e-mail geoffrev.	gallo@astrazeneca.com
(Telephone)	(Fav		<u> </u>
III. This statement covers: (Ch reportable expense transaction	s which are not attributable	to any one client).	
All reportable transactions of		o the reporting date relative to the	ne following client:
AstraZeneca Pharmaceuti	cals, LP ne of Client as it appears on the L	abbuigt Designation Forms	
OR	he of Chent as it appears on the L	oboyist Registration Form)	
All reportable transactions by unrelated to any particular client		bbyist's family), or the lobbyin	g firm listed below which are
	5, 2017 🛭 🗷 te of registration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/17	7
	· 25, 2017 [] m <i>7/1/17 to 9/30/17</i>	January 31, 2018     activity from 10/1/17 to 12/3	1/17
V. There have been no fees in this box is checked, complete jud Concord, NH 03301.			<u> </u>
VI. Check if additional reports	are attached:		
X If you have received fees or	made expenditures, you must	file Addendum A- Fees and E	xpenses
If you have paid an honorari Expense Reimbursement	um or reimbursed expenses, y	ou must file Addendum B- Re	eport of Honorariums or
☑ If you, your firm, or your fa	nily has made political contrib	butions, you must file Addende	um C– Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, and complete to the best of my k  (Signature of looby ist)  Geoffrey A. Gallo	RSA 14-C and RSA 664 and 1	hereby swear or affirm that the	
(Print Name of Johnvist)			

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# STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Geoffrey A. Gallo	
II. Name of lobbyist's partnership, firm or corporation, if any:	
AstraZeneca Pharmaceuticals, LP	
(Name of partnership, firm or corporation)	
III. Name of Client	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>0</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$500.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lest being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm aggregate total of all expenses pair (penses; (b) the aggregate total of a le: meals purchased during a business st than \$10 that is given to the person of with a value of \$25.00 or less); an orting period of greater than \$25.00 for the of greater than \$25, purchase of the expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$0
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$0
f) Total of all expenses year to date	n s _ 0
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
n/a	\$ <u> </u>
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Suffer & Hells	14 Apr 2017
(Signature of lobbyist)	(Date)
Geoffrey A. Gallo	
(Print Name of lobbyist)	

# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	Geoffrey A. Gallo		
II. Name of lobbyist's pa	artnership, firm or corp	oration, if any:	
AstraZeneca Phar	maceuticals LP		
	artnership, firm or corporation)		
IH Name of City			ъ.
111. Name of Chent			Date
Political Contributions			
For each political contrib	oution that is reportable pr	ursuant to RSA Chapt	er 664 paid on behalf of the
client/lobbyist and lobby	ing firm, indicate the foll	owing:	
Full name of candidate:	(Last Name)	Joe (First Name)	(Middle Name/Initial)
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	100	Office Candidate is	Seeking Executive Council
		Dil	
Full name of candidate:	Gannon	Bill (First Name)	(Middle Name/Initial)
	(Last Name)	THIRST Names	
		(t iist riaine)	(Middle Name/Initial)
Amount of contribution \$ _	100		Seeking State Senate
If the contribution is an in-k	kind contribution, provide a ontribution on the line above	Office Candidate is	Seeking State Senate s or services provided, and enter the
If the contribution is an in-kactual cost of the in-kind co	kind contribution, provide a ontribution on the line above d the word "estimate."	Office Candidate is description of the goods	Seeking State Senate s or services provided, and enter the tion. If the actual cost is not known,
If the contribution is an in-kactual cost of the in-kind coenter an estimated value and	kind contribution, provide a ontribution on the line above	Office Candidate is	Seeking State Senate s or services provided, and enter the tion. If the actual cost is not known,  (Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
Signature of the state of the s
(Signature of loobyist) (Date)
Geoffrey A. Gallo
(Print Name of lobbyist)